

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 1 — 0 0 9

2. STATE:

WYOMING

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

OCTOBER 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.130.

7. FEDERAL BUDGET IMPACT:

a. FFY 01 \$ 1.2 MILLIONb. FFY 02 \$ 1.2 MILLION

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATTACHMENT 3.1A, 13d.; ATTACHMENT 4.19B, 13d.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

SAME

10. SUBJECT OF AMENDMENT:

Rehabilitative services coverage and policy and methods of establishing payment rates.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Garry L. McKee, Ph.D., M.P.H.

Iris Oleske

14. TITLE:

Director

State Medicaid Agent

15. DATE SUBMITTED:

16. RETURN TO:

IRIS OLESKE

STATE MEDICAID AGENT

WYOMING DEPARTMENT OF HEALTH

OFFICE OF MEDICAID

147 HATHAWAY BUILDING

CHEYENNE WY 82002

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

11/14/01

18. DATE APPROVED:

11/28/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10/1/01

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Spencer K. Ericson

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

(Postmark Unknown)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

EXPLANATION OF LIMITATIONS

13d. REHABILITATIVE SERVICES

Covered services are rehabilitative services provided by a comprehensive outpatient rehabilitation facility that meets the conditions for participation in Medicare. Coverage limitations which apply to outpatient hospital services also apply to services rendered by a Comprehensive Outpatient Rehabilitation Facility.

Mental health rehabilitative services may be furnished by a community mental health or substance abuse program or independent licensed clinical psychologists certified by the Mental Health Division.

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TN# 01-009

Supersedes

TN# 94-014

Approval Date 11/28/01

Effective Date October 1, 2001

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

POLICY AND METHODS OF ESTABLISHING PAYMENT RATE FOR EACH TYPE OF CARE PROVIDED

13d. REHABILITATIVE SERVICES

Payment will be at the established Medicare rate for Comprehensive Outpatient Rehabilitation Facilities.

Payment for mental health rehabilitation services shall be set at the current state reimbursement rates as established by the Mental Health Division.

TN# 01-009  
Supersedes  
TN# 94-014

Approval Date 11/28/01 Effective Date October 1, 2001